Katie A. Semi-Annual Progress Report **Enclosure 1**

County: __Mono_____ **Date: __9/8/14_____**

☐ May 1st Submission (September 1st through February 28th Reporting Period)

☒ October 1st Submission (March 1st through August 31st Reporting Period)

Name and Contact Information County Child Welfare Department Representative					
Name:	Marlo Preis				
Title:	Staff Services Analyst II				
Agency Name:	Mono County Department of Social Services				
Address:	PO Box 2969				
City:	Mammoth Lakes	State:	CA	Zip Code:	93546
Phone:	760-924-1793	E-mail:	mpreis@mono.ca.gov		

Name and Contact Information County Mental Health Department Representative					
Name:	Danielle George				
Title:	Psychiatric Specialist II/ QA Coordinator				
Agency Name:	Mono County Behavioral Health				
Address:	452 Old Mammoth Rd / PO BOX 2619				
City:	Mammoth Lakes	State:	CA	Zip Code:	93546
Phone:	760-924-1740	E-mail:	dgeorge@mono.ca.gov		

County: __Mono_____ **Date: __9/8/14_____**

If your answer below is blank or zero, please provide an explanation.

PART A: Potential Subclass Members Identified During the Reporting Period			
Item #	**Information Requested**	**Column 1 Beneficiary Count**	**Column 2 Next Steps/Timelines**
1	Potential Subclass Members	12	
2	Potential Subclass Members who received a mental health assessment and do not meet medical necessity criteria for SMHS.	0	
3	Potential Subclass Members who have been referred to MHP for a full mental health assessment to determine medical necessity criteria for SMHS, and have not yet been assessed.	10	6 children where the families have not been responsive to outreach and contact. 4 children where they were in need of a mental health assessment and the families declined involvement with mental health for assessment.
4	Potential subclass members who were unknown to the MHP during the reporting period.	1	Change in placement/ circumstance which did not result in updated screening and referral. Next step is brainstorming a process to direct SWs in when a re-screen should be completed when children have ongoing services and contact.

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If your answer below is blank or zero, please provide an explanation.

PART B: Services Provided to Identified Subclass Members at Any Time During the Reporting Period			
Item #	**Information Requested**	**Column 1 Beneficiary Count**	**Column 2 Timelines**
1	Subclass Members	3	
2	Receiving Intensive Care Coordination (ICC).	1	
3	Receiving Intensive Home Based Services (IHBS).	1	
4	Receiving intensive Specialty Mental Health Services (SMHS) through a Wraparound Program or Full Service Partnership Program consistent with the Core Practice Model (CPM), but not claimed as ICC and IHBS. *Do not include youth already counted in 2 or 3 above.*	0	
5	Receiving other intensive SMHS, but not receiving ICC or IHBS. Examples of intensive SMHS may include: Therapeutic Behavioral Services (TBS), Intensive Treatment Foster Care (ITFC), or Multidimensional Treatment Foster Care (MTFC). *Do not include youth already counted in 2, 3, or 4*	0	
6	Receiving mental health services not reported in 2, 3, 4, & 5 above (include children who are receiving mental health services outside of the Medi-Cal mental health system, i.e. services paid for by private insurance or other sources).	2	
7	Not receiving mental health services (neither through Medi-Cal nor through any other program or funding source).	0	
8	Declined to receive ICC or IHBS.	2	

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If your answer below is blank or zero, please provide an explanation.

PART C: Projected Services			
Item #	**Service**	**Projected number of subclass members to be receiving services by August 31st**	**Strategy/Timeline Description** Provide County action steps and timelines to be used to provide (and claim for) ICC and IHBS to subclass members.
1 (a)	ICC	2	
1 (b)	IHBS	2	

Is your county experiencing the following implementation barriers?

Hiring	Yes	No
Training	Yes	No
Service Availability	Yes	No
County Contracting Process	Yes	No

Please provide an explanation for any Yes responses above. Are there other barriers not listed above? Explain and add pages, as needed.

Due to the small county size, all staff members are involved with multiple programs and services. This creates a limited service availability, where currently our maximum has been three families (One Katie A family, and two families are in the wraparound program who are not subclass).

County: _Mono_____ **Reporting Period: _3.1.14-8.31.14___** **Date Completed: _9/8/14_____**

Please provide an update to the Readiness Assessment Tool counties completed in May 2013. Describe activities related to each section during the reporting period, including actual or anticipated results. Include activities that support family-centered principals, and promote implementation of the ICC and IHBS using Core Practice Model. Identify activities that occur jointly and those that occur separately by child welfare and mental health agencies. Include information about barriers, as appropriate, and strategies to address them.

For each section, please indicate if training or technical assistance from the state is needed. When indicated, CDSS and DHCS will contact the county child welfare and mental health departments for further information. Please note that training and technical assistance needs will be addressed in a coordinated manner through each county's child welfare and mental health contacts.

Use additional pages, if necessary.

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
Agency Leadership *Leadership's experience implementing family-centered services in a collaborative setting.*	CWS and MCBH are currently working with 2 wraparound families and are implementing family centered services in a collaborative manner. Agencies have been offered trainings through the UCD Training Academy. Agencies have collaborated on the process of referrals and continue improve upon this process. Referral forms were recently updated for improved utility of screening and referral.	N
Systems and Interagency Collaboration *How collaborative approaches are used when serving children and families.*	Biweekly meetings with CWS and MCBH take place, in which MDT protocols are followed to collaborate on shared families. Katie A updates are included in these meetings and the process of implementation continues to be discussed. Agencies are beginning to establish a process for reviewing, changing and implementing a culture of family centered practices. Agencies continue to work on developing processes to share and receive feedback at the practice, program and system levels in order to resolve interdepartmental challenges and enhance success. At the end of October, CWS is hosting UCD training titles "Wrap Teaming with Safety Organized Practices", that both MH and CWS will be attending.	Y
Systems Capacity *The collective strength of administrative structures, workforce capacity, staff skills & abilities, and operating resources.*	CWS had a social worker attend a UCD training "Facilitating CFT, Support Pathways to MH". Both agencies had representatives attend "Partnerships for Well Being Institute" in June. Social Services regularly has a representative on the weekly Katie A TA Calls who reports to both agencies any new information. Recently CWS received training for the CWS/CMS system, and the changes to how to document screening and referral was demonstrated by the instructor. At the end of October, CWS is hosting UCD training titles "Wrap Teaming with Safety Organized Practices", that both MH and CWS will be attending. Currently the staff members in both agencies working on Katie A are also managing many other programs and projects, so there are not devoted Katie A personnel. This does create difficulty with capacity, however due to the collaboration that is in place on a biweekly basis there continues to be forward motion with the program. Trainings are instrumental in helping the staff know what they are doing even when they are managing other priorities as well.	Y

Readiness Assessment Section	Description of Activities	Training or TA Needed (Y or N)
Service Array *Available services are culturally responsive and include trauma informed care, evidence based practices, promising practices, innovative practices, and culturally specific healing practices and traditions.*	MCBH uses evidence based practices, and does annual performance improvement projects, in which currently are implementing more strength based practices. Culturally MH has focused on being able to serve the Hispanic population by doubling bilingual, bicultural staff to serve families with in the past year. The Katie A assessment tool is a standardized tool, that users have received training to administer and score. Recently we have expanded services with the Northern section of the county to include a full time therapist 3 days a week in our Walker Satellite office. CWS uses the following evidence based practices in their daily work: • Structured decision-making (SDM) which is an approach or practice to child protective services that uses clearly defined and consistently applied decision-making criteria for screening for investigation, determining response priority, identifying immediate threatened harm, and estimating the risk of future abuse and neglect. • Safety Organized Practice. Safety-organized practices are child welfare approaches focused on the safety of the child within the family system. The SOP methodology is informed by a variety of best- and evidence-informed practices, including group supervision, Signs of Safety, Motivational Interviewing, and solution-focused treatment. Safety-organized practice brings a common language and framework for enhanced critical thinking and judgment on the part of all involved with a family in the pursuit of a balanced, complete picture of child welfare issues. CWS staff completed the full Safety Organized Practice (SOP) training with UC Davis in July of 2014.	N
Involvement of Children, Youth & Family *How Core Practice Model family-centered principles are reflected in current systems.*	Core practice model has influenced the plan for services once a family is engaged. Although the CPM is used to answer questions, the staff who is meeting on a biweekly basis and shaping the Katie A program do not have intimate knowledge about the CPM. There is more knowledge about general family systems, strength based approaches, and safety organized practices.	Y
Cultural Responsiveness *Agency ability to work effectively in cross-cultural settings.*	Both departments have bilingual, bicultural members of their staff. Staff in both agencies are engaged in annual cultural competency trainings.	N
Outcomes and Evaluation *The strength of current data collection practices, and how outcomes data is used to inform programs and practice.*	Screenings and referral data collection from CWS is currently done in mental health through use of an excel spreadsheet. CWS is in the process of being trained and to gain the ability to also track this information in CWS/CMS. Once ICC and IHBS services are provided, MCBH electronic health record is able to capture these services and create reports concerning data.	N
Fiscal Resources *How fiscal policies, practices, and expertise support family-centered services.*	No activity.	N